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INDICATION FORM**

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Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Application Number 10/721,329

Filing Date November 26, 2003

First Named Inventor Henryk KULAKOWSKI

Title	Method of Accounting Electronic Transactions and Method of Effecting Electronic Transactions Via Phone
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Art Unit 3629

Examiner Name TBA

Attorney Docket No. 64640.000002

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the CUSTOMER NUMBER: **21967**
OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:



Applicant/Inventor.



Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 C.F.R. § 3.73(b) is enclosed. (Form PTO/SB/96).

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SIGNATURE of Applicant or Assignee of Record

Signature

Date

PREZES ZARZĄDU

Typed or Printed Name

Telephone

Title and Company

Bogusław Kulakowski

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.